Scoping Paper 10: Health Statistics - Alison Macfarlane

Themes

1. Move from paper to electronic systems for data analysis from 1970s and publication from late 1990s.
        Abolition of regional health authorities and their computer centres
        IT systems sold off to private companies. Reinforced move to use of commercially provided IT systems.
        Use of privately provided GP systems, apart from in Scotland where ISD provided a GP system which most but not all GPs use.
                Development of research databases by suppliers
        Move to privately provided hospital and community systems

2. Impact of cuts on data and analyses produced
        Formation of Information Centre for Health and Social Care in mid 2000s as part of reducing numbers of civil servants … Information Centre taken over by Connecting for Health, IT infrastructure organisation, to form HSCIC
        ONS
                Cuts, relocation and loss of skilled staff
                Loss of health inequalities analyses

3. Increase in commercially provided data analysis
        Local outsourcing by NHS trusts to a range of IT companies
        Dr Foster
        Lack of in-house expertise

4. Accessing published data
        People look by subject rather than data producer, but data is produced by Departments and other organisations in devolved statistical service.
Use of indicators, dashboards, for example for patient safety and data visualisation can both increase and obscure understanding of data
        Analyses produced by commercial suppliers have to be paid for.

5. Accessing data for analysis
        Problems exacerbated by Health and Social Care Act 2012
        Public health analysts sent primary care trusts in NHS to local authorities and can no longer access NHS data
        Barriers to accessing data for research
        Public trust and mistrust – mistrust fuelled by mishandling of care.data

6. Role of Radstats
        Health group no longer active as Radstats. RSHG petered out.
        Involvement in other groups, such as Health Statistics User Group
        Working with others such as Full Fact, for example on data about paediatric cardiac surgery units.
        Does what happened to RSHG provide a model for what other groups could / should do?